

# Substance Abuse Treatment Center INSPECTION REPORT

Health and Human Services Regulation & Licensure  
CREDENTIALING DIVISION  
P.O. BOX 94986  
LINCOLN, NEBRASKA 68509  
(402) 471-2117

Applicant must demonstrate the capability to meet the Standards of Operation, Care and Treatment as prescribed in 175 NAC 18-006

Type of Inspection: INITIAL LICENSURE

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Owner: \_\_\_\_\_

**SAMPLE  
INSPECTION  
FORM**

☐ Inpatient

☐ Outpatient

☐ Both

Regulatory Citation		Met	Not Met	Comments
18-006.01	<b>Licensee Responsibilities</b> a. Designated administrator who is responsible for the day to day management of the facility; b. Defined written duties and responsibilities of the administrator.			a. Name of Administrator:
				b.
18-006.02	<b>Administration</b> a. Designate a substitute b. Procedures developed for reporting evidence of abuse, neglect, or exploitation of any client served by the facility in accordance with <u>Neb. Rev. Stat. Section 28-732</u> of the Adult Protective Services Act or in the case of a child, in accordance with <u>Neb. Rev. Stat. Section 28-711</u> .			
18-006.03	<b>Staff Requirements</b> a. Evidence of each staff having the appropriate license, certification, registration, or credential in order to provide services. b. Established policy and procedure for completing a health history screening or each staff prior to assuming job responsibilities. c. Process in place for orientation of staff. 1. Client rights; 2. Job responsibilities relating to care and treatment programs and client interactions; 3. Emergency procedures including information regarding availability and notification; 4. Information on any physical and mental special needs of the clients of the facility; and 5. Information on abuse, neglect, and misappropriation of money or property of a client and the reporting procedures. d. System for maintaining written documentation to support facility decisions regarding staffing, staff credentials, staff health status, staff orientation, and ongoing staff training.			a.
				b.
				c.
				d.

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the 175 NAC 18-006.

Date of Inspection: \_\_\_\_\_

Inspection Rating:

☐ PASS ☐ FAIL

\_\_\_\_\_  
Facility Representative's Signature

\_\_\_\_\_  
Surveyor's Signature

18-006.04	<b>Client Rights</b> Admission documentation include copy of Client Rights, which contain all 17 <b>(last 4 do not apply to emergency detoxification program or outpatient)</b> <ol style="list-style-type: none"> <li>1 To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being;</li> <li>2 To self-direct activities and participate in decisions regarding care and treatment;</li> <li>3 To confidentiality of all records, communications, and personal information;</li> <li>4 To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed;</li> <li>5 To examine the results of the most recent survey of the facility conducted by representatives of the Department;</li> <li>6 To be free of restraints except when provided as in 175 NAC 18-006.14;</li> <li>7 To be free of seclusion in a locked room, except as provided in 175 NAC 18-006.14 and except in cases of civil protective custody;</li> <li>8 To be free of physical punishment;</li> <li>9 To exercise his or her rights as a client of the facility and as a citizen of the United States;</li> <li>10 To be free from arbitrary transfer or discharge;</li> <li>11 To be free from involuntary treatment, unless the client has been involuntarily committed by appropriate court order and except in cases of civil protective custody;</li> <li>12 To be free from abuse and neglect and misappropriation of their money and personal property; and</li> <li>13 To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges</li> <li>14 To privacy in written communication including sending and receiving mail consistent with individualized service plans;</li> <li>15 To receive visitors as long as this does not infringe on the rights and safety of other clients and is consistent with individualized service plans;</li> <li>16 To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans;</li> <li>17 To retain and use personal possessions, including furnishings and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients;</li> </ol>			
18-006.05	<b>Complaints/Grievances</b> a. Established written procedures for addressing complaints and grievances from clients, staff, and others b. Mechanism or document to ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances.			a.
				b.
18-006.06	<b>Facility House Rules</b> a. Developed house rules outlining operating protocols concerning, but not limited to, meal times, night-time quiet hours, guest policies and smoking. b. consistent with client rights. c. posted in an area readily accessible to clients.			a.
				b.
				c.

14, 15, 16, & 17 do not apply to outpatient or emergency detoxification programs

Facility Name:

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18-006.07	<b>Quality Assurance/Performance Improvement</b> a. System to conduct an ongoing comprehensive, integrated assessment of the quality and appropriateness of care and treatment provided.			
18-006.08	<b>Care and Treatment Requirements</b> a. Written program description that is available to staff, clients, and members of the public that explains the range of care and treatment activities provided, which includes: <ol style="list-style-type: none"> <li>1 The mission statement, program philosophy, goals and objectives developed by the governing body;</li> <li>2 The levels of care and/or treatment provided, including inpatient and outpatient components, when applicable;</li> <li>3 The client population served, including age groups and other relevant characteristics;</li> <li>4 The hours and days the facility provides care and/or treatment;</li> <li>5 Staff composition and staffing qualification requirements to sufficiently provide care and/or treatment to meet facility goals and objectives;</li> <li>6 Staff job responsibilities for meeting care and/or treatment facility goals and objectives;</li> <li>7 The admission and discharge processes, including criteria for admission and discharge;</li> <li>8 System of referral for alternative services for those individuals who do not meet admission criteria;</li> <li>9 The client admission and ongoing assessment and evaluation procedures used by the program, including individualized service plan process;</li> <li>10 Plan for providing emergency care and treatment, including use of facility approved interventions to be used by staff in an emergency situation;</li> <li>11 Quality assurance/improvement process, including who will be responsible for the program and how results will be utilized to improve care and/or treatment;</li> <li>12 System governing the reporting, investigation, and resolution of allegations of abuse, neglect and exploitation; and</li> <li>13 Clients' rights and the system for ensuring client rights will be protected and promoted.</li> </ol> b. Established policies and procedures to implement the facility's program as described in 175 NAC 18-006.08A.			a.
				b.
18-006.09	<b>Admission of Clients</b> a. Written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined based on: <ol style="list-style-type: none"> <li>1 Identification of client need for care and treatment, including the severity of the presenting problem;</li> <li>2 Rationale for determining appropriate level of care and treatment; and</li> <li>3 Need for supervision and other issues related to providing care and treatment.</li> </ol> b. Policy for assessment of the client to identify the effects of substance abuse on the client's life, (except for a client in an emergency detoxification program) must meet: <ol style="list-style-type: none"> <li>1. An evaluation of the client which satisfies the facility's admission criteria;</li> <li>2. The type and extent of any clinical examinations that were determined necessary; and</li> <li>3. Information on associated medical and psychological issues;</li> </ol>			a.

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Facility Name:

		Met	Not Met	
				b. <u>does not apply to emergency detoxification program</u>
18-006.09 continued	<p>c. Evidence to ensure that the assessment will be completed within the following timelines:</p> <ul style="list-style-type: none"> <li>• <b>Inpatient facility:</b> within 15 days of client's admission;</li> <li>• <b>Outpatient facility:</b> by client's fourth outpatient session.</li> <li>• <b>Emergency detoxification program:</b> as to his or her immediate need and implement the facility's procedures for its emergency detoxification program, in compliance with 175 NAC 18-006.</li> </ul>			c.
18-006.10	<p><b>Individualized Service Plan (ISP)</b></p> <p>a. Procedures to ensure that each client will have an individualized service plan based on the assessment of the client's needs, in compliance with:</p> <ol style="list-style-type: none"> <li>1. Specify the care and treatment necessary to meet the client's assessed needs;</li> <li>2. Include referrals for needed services that the facility does not provide;</li> <li>3. Contain specific goals and the measurement the client will use to achieve reduction or elimination of substance abuse;</li> <li>4. Specify the extent and frequency of care and treatment;</li> <li>5. Specify criteria to be met for termination of care and treatment;</li> <li>6. Define therapeutic activity;</li> <li>7. Document client participation in the development of the ISP by client signature and date(s) of participation or justification for the lack of the client's signature; and</li> <li>8. Estimate the length of stay and the plan for discharge.</li> </ol> <p>b. Identification of whom is responsible for development and implementation of the ISP.</p> <p>c. Procedures to ensure that the client's ISP is evaluated as follows:</p> <ul style="list-style-type: none"> <li>• Every 30 days for intensive treatment which consists of any level of inpatient treatment or outpatient treatment involving ten or more hours of therapeutic activity per week. This does not include client participation in self-help groups.</li> <li>• Every 90 days for less intensive treatment which consists of less than ten hours of therapeutic activity per week either at an inpatient or outpatient facility. This does not include client participation in self-help groups.</li> </ul>			a.
				b.
				c.
18-006.11	<p><b>Care and Treatment Provided</b></p> <p>a. Procedures to ensure the facility provides care and/or treatment to meet client needs on an ongoing basis in a manner that respects clients' rights, promotes recovery and affords personal dignity as:</p> <p><b>Inpatient</b></p> <ol style="list-style-type: none"> <li>1. Therapeutic activities as described in the facility program description;</li> <li>2. Adequate food and shelter;</li> <li>3. Medical and clinical oversight of client needs as identified in the client assessment;</li> <li>4. Assistance and support, as necessary, to enable the client to meet personal hygiene and clothing needs;</li> <li>5. Assistance and support, as necessary, to enable the client to meet laundry needs, which may include access to washers and dryers so that clients can do their own personal laundry if included in the client's ISP;</li> </ol>			a. <u>Inpatient</u>

Facility Name:

		Met	Not Met	
	<p>6. Assistance and support, as necessary, to enable the client to meet his or her housekeeping needs including access to materials needed to perform his or her own housekeeping duties as determined by the client's ISP; and</p> <p>7. Health-related care and treatment, as necessary.</p>			
18-006.11 Continued	<p><b>b. <u>Inpatient facility providing emergency detoxification programs</u></b> must have policies and procedures to include:</p> <ol style="list-style-type: none"> <li>1. Recording the client's identifying information, if available;</li> <li>2. Determining the client's level of consciousness;</li> <li>3. Monitoring vital signs including temperature, respirations, pulse, and blood pressure;</li> <li>4. Observing and monitoring at specific time intervals;</li> <li>5. Determining the onset of acute withdrawal or psychiatric emergency according to methods established by the facility;</li> <li>6. Assessing the need for medical treatment and initiating appropriate, established procedures for referral to a medical facility; and</li> <li>7. Managing observation and monitoring according to methods established by the facility when the client is not cooperative.</li> </ol> <p><b>c. <u>Outpatient facility</u></b> must at a minimum, provide the following</p> <ol style="list-style-type: none"> <li>1. Therapeutic activities as described in the facility program description; and</li> <li>2. Medical and clinical oversight of client needs as identified in the client assessment;</li> <li>3. must not provide emergency detoxification programs.</li> </ol>			<p><b>b. <u>Emergency Detoxification</u></b></p>
				<b>c. <u>Outpatient</u></b>
18-006.12	<p><b>Discharge/Transfer Requirements</b></p> <p>a. Written established discharge criteria to be used in developing an appropriate plan for discharge jointly with the client. A discharge plan is not required for clients in an emergency detoxification program. The discharge plan must include:</p> <ol style="list-style-type: none"> <li>1. A relapse prevention plan, which includes triggers and interventions for client to activate;</li> <li>2. The client's plan for follow up, continuing care, or other post care and treatment services;</li> <li>3. Documentation of referrals made for the client by the facility;</li> <li>4. The client's plan to further his/her recovery;</li> <li>5. The client's signature and the date; and</li> <li>6. A treatment summary that will be completed no later than 30 days after the client's discharge. The summary must include a description of the client's progress under his or her ISP, the reason for discharge, and any recommendations to the client.</li> </ol>			
18-006.13	<p><b>Health Management</b></p> <p>a. Written plan delineating the manner in which medical emergency services is accessed to ensure timely response</p> <p>b. Evidence to ensure that each client has access to a qualified health care professional whom is responsible for monitoring his/her health care. Health screenings must be done in accordance with the recommendations of a qualified health care professional.</p> <p>c. Established policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.</p> <p>d. Established policies and procedures for reporting any errors in administration or provision of prescribed medications.</p>			<p>a.</p> <p>b.</p> <p>c.</p>

Facility Name:

		Met	Not Met	
				d.
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18-006.14	<b>Use of Restraints and Seclusion</b> a. Evidence to ensure that the facility follows the restraints and seclusion rules			
18-006.15	<b>Food Service</b> a. If the facility provides food service, evidence to ensure the food is of good quality, properly prepared, and served in sufficient quantities and frequency to meet the daily nutritional needs of each client. The facility must ensure that clients receive special diets when ordered by a licensed health care professional. Food must be prepared in a safe and sanitary manner. b. Protocols/policies to ensure records of menus as served are maintained for at least 14 days.			a.
				b.
18-006.16	<b>Record Keeping Requirements</b> a. Established record keeping process, which content meets: 1. Dates of admission and discharge; 2. Name of client; 3. Gender and date of birth; 4. Demographic information, including address and telephone number; 5. Physical description or client photo identification; 6. Admission assessment information and determination of eligibility for admission; 7. Health screening information; 8. Individualized service plans; 9. Physician orders; 10. Medications and any special diet; 11. Significant medical conditions; 12. Allergies; 13. Person to contact in an emergency, including telephone number; 14. Fee agreement; 15. Documentation of care and treatment provided, client's response to care and treatment, change in condition and changes in care and treatment; 16. Discharge and transfer information; 17. Client rights; and 18. Referral information.  b. System to ensure records are systematically organized to ensure permanency and completeness.			a.
				b.
18-006.17	<b>Infection Control</b> a. System for management of identified infections within the facility for clients and staff, which includes the use of standard precautions for prevention of transmission of infectious diseases among clients and/or staff.			
18-006.18	<b>Safety Plan</b> a. System to identify and prevent the occurrence of hazards to clients. Examples of hazards to be identified and prevented are: dangerous substances, sharp objects, unprotected electrical outlets, extreme water temperatures, and unsafe smoking practices.			

18-006.19	<b>Environmental Services</b> a. Facility's buildings and grounds must be kept clean, safe and in good repair. b. All garbage and rubbish must be disposed of in a manner as to prevent the attraction of rodents, flies, and all other insects and vermin. Garbage and rubbish must be disposed in a manner as to minimize the transmission of infectious diseases and minimize odor. c. Provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided. d. Maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin. e. Provide equipment, fixtures and furnishings and maintain these things so they are clean, safe and in good repair. f. <b>Inpatient</b> - Must have common area and client sleeping area with comfortable beds, chairs, sofas, tables, etc. g. <b>Outpatient</b> – must have comfortable chairs/sofas and tables in treatment areas <ul style="list-style-type: none"> <li>Established procedures for routine &amp; preventative maintenance of equipment/furnishings.</li> </ul> h. The inpatient facility must provide each client with an adequate supply of clean bed, bath, and other linens as necessary for care and treatment. Linens must be in good repair. <ul style="list-style-type: none"> <li>established procedures for the storage and handling of soiled and clean linens.</li> </ul> i. When the facility provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by other acceptable methods. j. Facility owned pets – Established policies regarding pet annual exam, vaccinations, prevention of spread of fleas, ticks, etc., who is responsible for care. k. Maintain the environment to protect the health and safety of clients by keeping surfaces smooth and free of sharp edges, mold and dirt; keeping floors free of unsafe objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk to the health and safety of the clients. l. Maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment. m. The inpatient facility provides water for bathing and hand washing at safe and comfortable temperatures to protect clients from the potential for burns and scalds. <ul style="list-style-type: none"> <li>Established policies to determine client's mental, physical, &amp; psychological ability to protect himself/herself from injury due to hot water – method to monitor water temperature, client safety &amp; preferences</li> </ul> n. Established policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by clients o. Established procedures to ensure that clients care and treatment, safety, and well-being are maintained during and following instances of natural disasters, disease outbreaks, or other similar situations.			a.
				b.
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				f. <u>Inpatient</u>
				g. <u>Outpatient</u>
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Facility Name:

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